



PROTON PUMP INHIBITORS PA SUMMARY

PREFERRED	Omeprazole (Rx), Pantoprazole tablets
NON-PREFERRED	Aciphex tablets (brand and generic rabeprazole tablets), Aciphex sprinkle capsules, Dexilant, Esomeprazole strontium, Lansoprazole capsules, Nexium (capsules, injection, and packets [UD for oral suspension]), Omeprazole/Sodium Bicarbonate, Pantoprazole injection, Prevacid capsules, Prevacid SoluTab, Prevpac (listed in H. Pylori Agents criteria), Prilosec UD for oral suspension, Protonix Injection, Protonix Pak, Vimovo (listed in NSAID/Cox 2 criteria)

LENGTH OF AUTHORIZATION: Varies depending on diagnosis

NOTE: *All preferred and non-preferred agents will be subject to the DCH clinical PA criteria review. If Prevacid capsules are approved, the PA will be issued for the brand product. If Protonix injection is approved, the PA will be issued for generic pantoprazole injection. If rabeprazole tablets are approved, the PA will be issued for the brand product.*

PA CRITERIA:

- ❖ The following diagnoses are approvable:
 - Barrett's esophagus
 - Duodenal ulcer, gastric ulcer, or peptic ulcer disease
 - Erosive esophagitis
 - GERD
 - H. Pylori
 - Zollinger-Ellison Syndrome
 - Complicated disease states such as pancreatitis, Cystic Fibrosis, Cerebral Palsy, Cancer, Crohn's Disease, G-tube, multiple endocrine adenomas, systemic mastocytosis, or transplant (list not all inclusive)
 - Recent hospital discharge for an upper GI bleed, hemorrhage, perforation, or obstruction and already started on PPI therapy
 - Prophylactic therapy following gastric bypass surgery
- ❖ For non-preferred products (except Aciphex sprinkles, Nexium, Esomeprazole strontium, or Protonix Injection), claims history reviewed for the use of both preferred agents within the last 6 months. If no preferred agents in profile, physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to both preferred products.
- ❖ For Aciphex sprinkle capsules, requests are approvable if administered in G-tube when the member has tried and failed Prevacid Solutab. If member is unable to swallow solid dosage forms, member must have tried and failed omeprazole capsules. Otherwise, member must meet non-preferred criteria above.



- ❖ For Nexium capsules/packets or esomeprazole strontium, physician should submit a written letter of medical necessity stating the reasons a preferred product (omeprazole or pantoprazole) is not appropriate for the member. In addition, esomeprazole strontium requires a written letter of medical necessity stating why Nexium cannot be used.
- ❖ For Nexium Injection, medication must be administered in member's home, by home health, or in a long-term care facility. Oral omeprazole or pantoprazole should be used if member is able to use oral dosage forms. In addition, Nexium Injection is approvable for members 1 month or older with GERD associated with a history of erosive esophagitis.
- ❖ For pantoprazole IV or Protonix Injection, medication must be administered in member's home, by home health, or in a long-term care facility. Oral omeprazole or pantoprazole should be used if member is able to use oral dosage forms. In addition, medications are approvable for members 2 years or older with GERD associated with a history of erosive esophagitis or Zollinger Ellison Syndrome. If approved, the PA will be issued for generic pantoprazole injection. Otherwise, the prescriber should submit a written letter of medical necessity for Protonix injection.
- ❖ Prevacid Solutab is the preferred agent for G-tube (gastric tube) use.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.